

(573) 751-2836 TDD 1-800-735-2966

SALES/USE TAX PROTEST PAYMENT AFFIDAVIT

THIS FORM IS TO BE USED FOR FILING A SALES OR USE TAX PROTEST PAYMENT IN ACCORDANCE WITH SALES TAX REGULATION 12 CSR 10-3.552 OR SECTION 144.700, RSMo, RETURN TWO COMPLETED COPIES TO DIVISION OF TAXATION AND COLLECTION, P.O. BOX 3350, JEFFERSON CITY, MO 65105-3350.

| A PROTEST CLAIM IS BEING | PRESENTED BY: | · | · | | |
|---|-------------------------------------|-----------------------|-----------------------|---------------------------------------|--|
| FIRM NAME | | | | | |
| MAILING ADDRESS | | | | | |
| CITY, STATE, ZIP CODE | | | | MISSOURI TAX I.D. NUMBER | |
| TOTAL SUM | | | PERIOD | | |
| | | DOLLARS (\$ |) | | |
| THE AMOUNT HAS BEEN DETER | RMINED TO BE: | (NOTE: A COMPLETI | E BREAKDOWN OF EA | ACH SPECIFIC TAX MUST BE MADE.) | |
| | TAX TYPE | | TAX RATE | AMOUNT | |
| STATE | | | 3% | | |
| CONSERVATION | | | 1/8% | | |
| EDUCATION PARKS (2011 | | | 1% | | |
| PARKS/SOIL | | | 1/10% | | |
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| | | | TOTAL | | |
| PROTESTED FOR THE FOLLOWING I | REASONS: | | | | |
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| | MATION REPORTED IN THIS FORM AND A | | NTS IS TRUE AND CORRE | | |
| SIGNATURE OF TAXPAYER OR AGENT | | TITLE | | DATE | |
| NOTE: SALES TAX REGULATION 1 GENERAL REVENUE. | 2 CSR 10-3.552 OR SECTION 144.700. | 3, RSMo, MUST BE COMF | PLIED WITH OR THE PRO | TEST PAYMENT WILL BE DEPOSITED TO | |
| NOTARY PUBLIC EMBOSSER SEAL | STATE | | COUNTY (OR C | ITY OF ST. LOUIS) | |
| | | | | | |
| | BSCRIBED AND SWORN BEFORE ME, THIS | | USE RUBB | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| | DAY OF 20 | | 20 | | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | | | |
| | NOTARY PUBLIC NAME (TYPED OR PRINTE | ED) | | | |
| | | | | | |
| BUREAU USE ONLY | | | | | |
| DISPOSITION | | REASON | | DATE | |